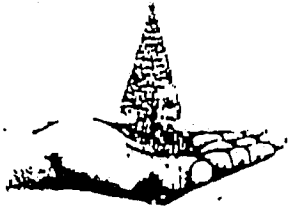


FIRE AND POLICE DEPARTMENTS

Forgotten Child Fund

3300 Amnicola Highway • Chattanooga, Tennessee 37406



CHATTANOOGA/HAMILTON COUNTY FIRE & POLICE DEPARTMENTS

"Instructions"

- You must be a Parent or Guardian of **ALL** the children on the application.
- You must have **ALL** information on **ALL** children available when you fill out the application. Nothing can be added once the application is processed.

Please Fill in **ALL** the Blanks, Incomplete Applications **Will Not** be Processed.

1. Must Include **ALL** Social Security Numbers.
2. Must List **ALL** Incomes.
3. Must Bring **ALL** Social Security Cards.
4. Must Bring a Government Issued Photo ID (Drivers License, Food Stamp Card).
5. Must Include **TWO** Telephone Numbers.
6. Application will be Submitted to a Clearing House for Approval.

Bring Completed Application to: "The Old # 12 Fire Station" Located at 906 Forest Avenue, Chattanooga, TN 37405. Telephone # 423-265-5757

Hours of Operation: (Starting Thursday, November 1, 2007 through Friday, December 14, 2007) Monday – Friday 10:00 AM until 2:00 PM

This Application **MUST** be returned in Person, by a Parent/Guardian with **ALL** Social Security Cards and a Government Issued Photo ID to the "Old #12 Fire Station" by 2:00PM, Friday, December 14, 2007.

Address:
906 Forrest Ave
Chattanooga, TN 37405

FORGOTTEN CHILD FUND
APPLICATION FOR ASSISTANCE

TENNESSEE CRIMINAL CODE 39-3-901. FALSE PRETENSE. - ANY PERSON WHO, BY ANY FALSE PRETENSE, OR BY ANY FALSE TOKEN OR COUNTERFEIT LETTER, WITH INTENT TO DEFRAUD ANOTHER, OBTAINS FROM ANY PERSONAL PROPERTY, SERVICES, LABOR, OR THE SIGNATURE OF ANY PERSON TO ANY WRITTEN INSTRUMENT, THE FALSE MAKING OF WHICH IS FORGERY, SHALL, ON CONVICTION, BE PUNISHED AS IN THE CASE OF LARCENY. 39-3-1104 PUNISHMENT FOR THIS CRIME IS NOT LESS THAN ONE (1) YEAR NO MORE THAN FIVE (5) YEARS IN THE PENITENTIARY.

NAME (LAST, FIRST, MI) _____ SPOUSE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE _____ RENT / OWN _____ MONTHLY PAYMENTS _____

S.S.# _____ SPOUSE S.S.# _____

EMPLOYMENT _____ SPOUSE _____

MONTHLY SALARY \$ _____ SPOUSE \$ _____

GOVERNMENT ASSISTANCE (MONTHLY) \$ _____ SOURCE _____

FOOD STAMPS (MONTHLY) \$ _____ OTHER \$ _____ SOURCE _____

Note: This Application will be submitted to a clearinghouse for approval.

EMERGENCY PHONE NUMBER: _____

You must be the parent or guardian of the children on this application.

DID YOU RECEIVE TOYS FROM THE FORGOTTEN CHILD FUND LAST YEAR? YES _____ NO _____

CHILDREN'S NAME	S.S.#	RACE	SEX	AGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***** ANY TOYS NOT PICKED UP WITHIN 48 HOURS FROM THE TIME NOTIFIED WILL BE UNPACKED *****
***** AND RETURNED TO INVENTORY. I.D. MUST BE PRESENTED IN ORDER TO RECEIVE TOYS. *****

I HAVE READ AND UNDERSTAND THE ABOVE STATE LAW AND HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

WITNESS

DATE

SIGNATURE OF APPLICANT

You must be the parent or guardian of the children on this application.